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FROM: Robert W. Magee Director of Personne			EXTENSION	NO.	D/Purs 86-0031	
				DATE		──STAT <b>I</b>
TO: (Officer designation, room number, and building)	0	DATE		COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)		_
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DATE TRANSMITTAL SLIP Bob Magee, D/OP ROOM NO. BUILDING REMARKS: Attached is a first draft of a memo addressing Agency problems of administration and relations with the Social Security system. Please give me your comments and any desired changes by COB Friday, 10 January 1986. FROM: DD/OLL ROOM NO. BOILDING **EXTENSION** FORM NO. 241 REPLACES FORM 36-8 WHICH MAY BE USED.

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